PATENT APPLICATION FEE DETERMINATION RECO									. Application or Docket Number					
	PAIENI	RD	7599-132CC											
			SMALL ENTITY TYPE OR				OTHER THAN SMALL ENTITY							
TOTAL CLAIMS			13				1	RATE		FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE 3		375.00	OR				
TOTAL CHARGEABLE CLAIMS			13 minus 20=		•			X\$ 9=			OR			
INDEPENDENT CLAIMS			3 m	ninus 3 =	*			X42=			1	X84=		
M	ILTIPLE DEPE	NDENT CLAIM P	RESENT						1	-	OR			
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	+140= TOTAL			OR	+280=	750	
CLAIMS AS AMENDED - PART II								וטואו	L		OR	TOTAL		
_	(Column 1) (Column 2) (Column 3)								L EI	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID I	BER	PRESENT EXTRA	ſ	RATE		ADDI- TONAL FEE		. RATE	ADDI- TIONAL FEE	
	Total	<u> </u>	Minus .	- d	0	a .	. [X\$ 9=			OR	X\$18=	-	
	Independent	1.3	Minus	*** 7		b	ı	X42=	1		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							110	†					
						·	L	+140=	1		OR	+280=		
		·		423	. =7		A	DOIT. FE			OR,	TOTAL ADDIT. FEE		
71		(Column 1) CLAIMS		(Colum HIGH		(Column 3)	_							
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA	L	RÄTE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**				X\$ 9=			OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	O1 4194	-	I	X42=	1		OR	X84=		
	TUGITAL	T	+140 =	T		OR	+280=							
			•				L	TOTAL			OR .	TOTAL		
	4.	(Column 1)		(Colum	n 21	(Calumn o)	AI	XOIT. FEE	<u> </u>	· · · · · · · · ·	ψ _A	VDDIT. FEE L		
		CLAIMS		HIGHE		(Column 3)	_		—	221				
MEN		REMAINING AFTER - AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TI	ODOI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	•	Minus	**				X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus	***		=	H	X42=	┢		-	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR	757=		
+140≈ OI)R	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Poid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											DR A	TOTAL DOIT, FEE		
T	ne "Highest Num	mber Previously Paid ber Previously Paid	io i-or in THI For (Total or	S SPACE IS I Independen	less ther at is the	i 3, enter "3." highest number i				riate box i		•		
						•		٠.						